2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37846

FILED Jan 13, 2004 Secretary of State

Entity Name: AMIC-CHRISTIAN INTERNATIONAL MISSIONARY RELIEF, INC.

Current Principal Place of Business:			New Principal Place of Business:		
27132 S DI NARANJA,		US	831 N.E 8 STREET HOMESTEAD, FL 33030	US	
Current Mailing Address:			New Mailing Address:		
27132 S DI NARANJA,		US	831 N.E 8 STREET HOMESTEAD, FL 33030	US	
FEI Number:	65-0196538	FEI Number Applied For () FEI N	umber Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of New Registered Agent:		
AMIC-CHRISTIAN INT'L MISSIONARY RELIEF 27132 S DIXIE HWY NARANJA, FL 33032 US			AMIC-CHRISTIAN INT'L MISSIONARY RELIEF 831 N.E 8 STREET HOMESTEAD, FL 33030 US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.					
SIGNATURE:				01/13/2004	
	Electron	ic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	VP () PRADA, JOHNN 7162 W. 17TH (HIALEAH, FL		Title: () 0 Name: Address: City-St-Zip:	Change()Addition	
Title: Name: Address: City-St-Zip:	T () ROQUE, SILVIN 11940 SW 1887 MIAMI, FL 3317	TH ST	Title: () 0 Name: Address: City-St-Zip:	Change()Addition	
Title: Name: Address: City-St-Zip:	PD () DIAZ, CARLOS 22831 SW 123 MIAMI, FL	Delete AVE	Title: () 0 Name: Address: City-St-Zip:	Change () Addition	
Title: Name: Address: City-St-Zip:	SD () DIAZ, OMAIDA 22831 SW 123 MIAMI, FL	Delete AVE	Title: () 0 Name: Address: City-St-Zip:	Change()Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARLOS DIAZ PD 01/13/2004